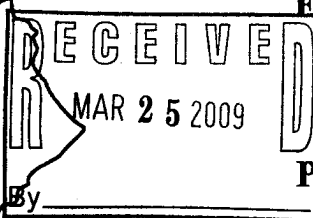
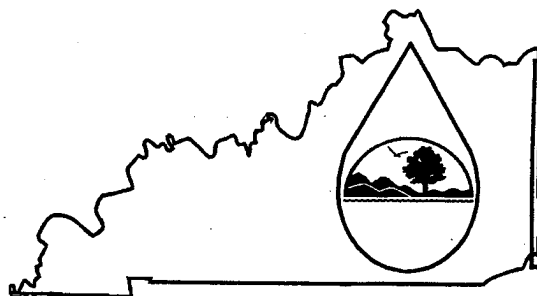


KPDES FORM 1

A24 930

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

CK 300 -

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0024856
A. Name of business, municipality, company, etc. requesting permit Mount Saint Joseph Ursuline Academy			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: Mount Saint Joseph		Owner Name: (same)	
Facility Location Address (i.e. street, road, etc.): 8001 Cummings Rd		Mailing Street: (same)	
Facility Location City, State, Zip Code: Maple Mount, KY 42356		Mailing City, State, Zip Code: (same)	
		Telephone Number: 270-229-4103	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Establishment of religious operated for worship or for promotion of religious activities.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 8661 Religious Organization

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:
Davies

City where facility is located (if applicable):
Maple Mount, KY

C. Body of water receiving discharge:

D. Facility Site Latitude (degrees, minutes, seconds):
37° 41' 22"

Facility Site Longitude (degrees, minutes, seconds):
87° 19' 19"

E. Method used to obtain latitude & longitude (see instructions): USGS Quad: Curdsville

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Bobby G. Stovall	Telephone Number: 270-684-5654
Operator Mailing Address (Street): P. O. Box 661	
Operator Mailing Address (City, State, Zip Code): Owensboro, KY 42302	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: Class IV	Certification Number: 0121

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0024856	Issue Date of Current Permit: 01/01/05	Expiration Date of Current Permit: 12/31/09
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: 03002004	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Sister Rita Scott
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Pioneer Water Quality Control
DMR Mailing Street:	P.O. Box 661; 1826 S. Chesterfield Drive
DMR Mailing City, State, Zip Code:	Owensboro, KY 42302
DMR Official Telephone Number:	270-684-5654


VII. APPLICATION FILING FEE

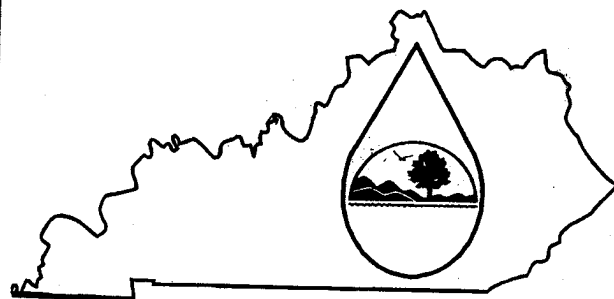
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: Intermediate Non POTW	Filing Fee Enclosed: \$300.00
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Sister Rita Scott Plant Administrator	TELEPHONE NUMBER (area code and number): 270-270-229-4103
SIGNATURE 	DATE: 03/11/09



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Mount Saint Joseph Ursuline Academy												
I. FACILITY DISCHARGE FREQUENCY					AGENCY USE	0	0	2	4	8	5	6
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)												
B. How many days per week? 7												
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Normal Population - 150 full time 10 - 100 part-time, weekends, etc. 100 GPD/Person												
B. If new discharger, indicate anticipated discharge date:												
C. Indicate the design capacity of the treatment system: .025 MGD (25000 GPD Plant)												

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	41	22	87	19	19	Unnamed Tributary (mile 0.4) of Middle Fork Knoblick Creek (mile 0.38) NO CHANGE
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Quad: Curdsville			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1. Only	Baths, Kitchens	25000 PGD	Activated Sludge	3 - A
			extended aeration	
			Disinfection(Chlorine)	2-F
			Sludge to Local POTW System & Land	5 - Q
			Filled	

V. Check the type(s) of wastewater discharged.☒ Domestic (60% or more sanitary sewage)☐ Oil field waste☐ Noncontact cooling water☐ Other (list):**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**☐ Publicly-owned lake or impoundment Name of lake:☐ Publicly-owned treatment works (POTW). Name of POTW:☐ Land application of Effluent☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Canpus of Mount Saint Joseph	150 Full Time
	10 to 100 Part-time, Weekends, etc.
TOTAL POPULATION SERVED	250

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

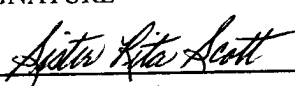
A. Indicate results of analysis for pollutants listed below.

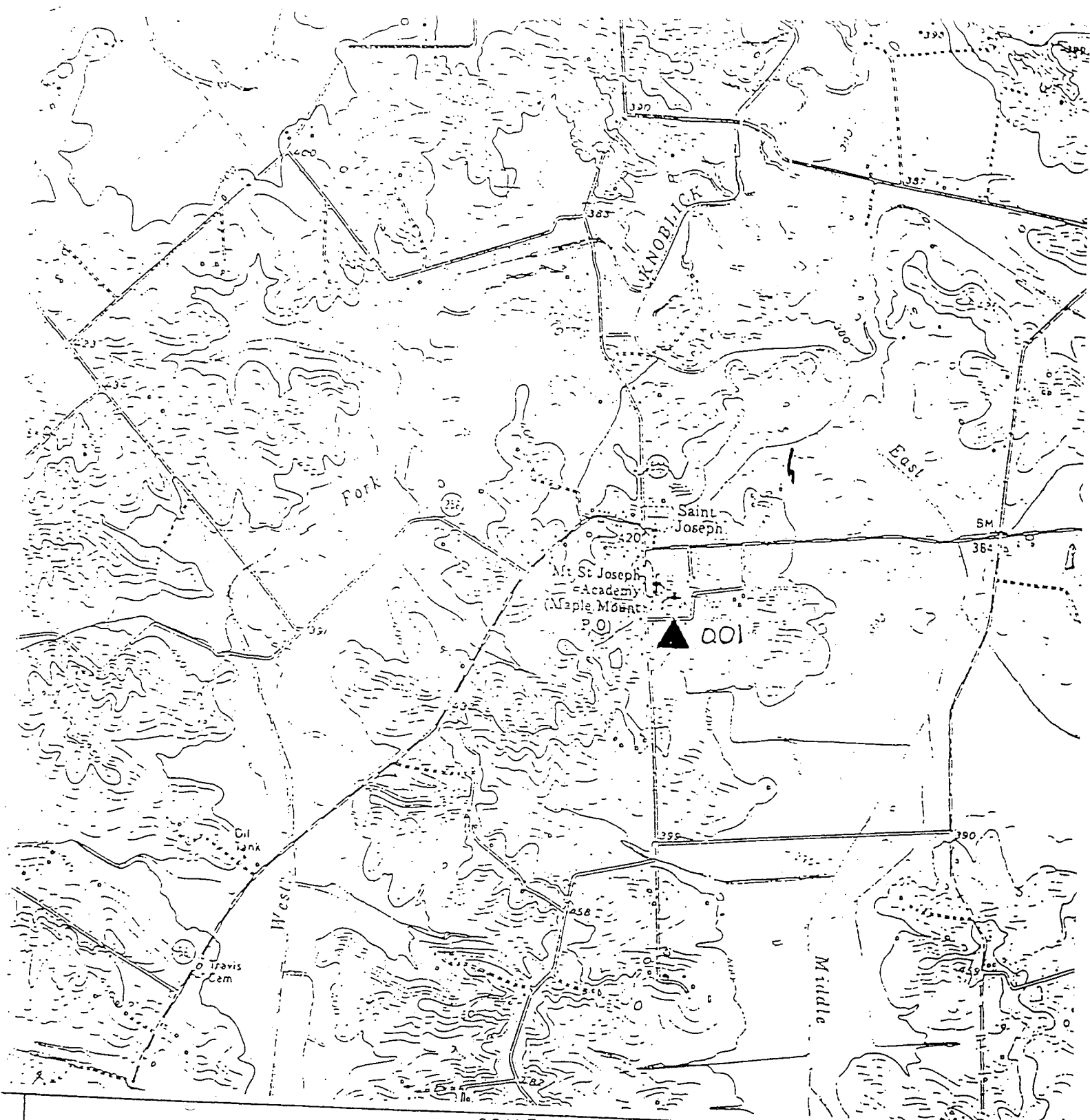
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Sister Rita Scott Plant Administrator	TELEPHONE NUMBER (area code and number): 270-229-4103
SIGNATURE 	DATE 03/11/09



1 1/2 0 SCALE 1:24000 1 mile

OPERATIONAL MAP

Date: 7/7/91

U.S.G.S. Quad:
Curdsville



Facility:

Mt. Saint Joseph Academy
Maple Mount, KY



McCOY
& McCOY, INC.

LEGEND

- Existing Area of Operation
- Existing Point Source Disc (active at)
- Existing Point Source Disc (areas under reclamation)
- Existing Point Source Disc (released from NPDES monitoring)